

APPLICATION SPECIAL USE PERMIT

SUP #2019-0036

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership ☐ Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 530 First St Alexandria, VA 22314

TAX MAP REFERENCE: _____ ZONE: _____

APPLICANT

Name: Mungkorn Thong Tho DBA Sisters Thai

Address: 2722 Chain Bridge Rd, Vienna, VA 22181

PROPERTY OWNER

Name: Giant Alexandria (E & A), LLC

Address: c/o Edens Limited Partnership

SITE USE: 1221 Main St, Suite 100, Columbia, SC 29201

Business Name:

Current:

Proposed (if changing):

☒ THE UNDERSIGNED hereby applies for a Special Use Permit for Change in Ownership, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ THE UNDERSIGNED, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ THE UNDERSIGNED hereby applies for a Special Use Permit for Minor Amendment, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ THE UNDERSIGNED, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

sumontita bisayawathana

Print Name of Applicant or Agent

2722 Chain Bridge Rd

Mailing/Street Address

Vienna, VA 22181

City and State

Zip Code

Signature

571-265-1892

Telephone #

Fax #

sd.sisters@outlook.com

Email address

4/10/19

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # _____ *12 n/a*

Date approved: _____ / _____ / _____
month day year

Name of applicant on most recent special use permit _____

Use _____

2. Describe below the nature of the *existing* operation *in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

Change of Ownership

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

Sisters Thai Old Town Alexandria will be operating an approximately 4500 Sq. feet full service restaurant located at 530 First Street in Alexandria, VA will be serving and performing

- Thai food
- Full Bar
- Coffee & Desserts
- Carry Out
- Delivery

The hours will be 11 AM - 11 PM (7 days/week). Customer will be driving & walking to the restaurant. They should be able to park at the garage and on the street.

Number of customer expecting around 200 per day at 153 seats (inside) plus outdoor seating.

We will have approximately 10 employees in the kitchen and 7-8 employees at the dining room (They will also park in the garage, street and some are using public transportation).

We are going to have a sound proof company which will be Landlord's recommend to take care of the noise control.

4. Is the use currently open for business? _____ Yes ☒ No

If the use is closed, provide the date closed.

_____/_____/_____
month day year

5. Describe any proposed changes to the conditions of the special use permit:

None

6. Are the hours of operation proposed to change? ☒ Yes _____ No
If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

7 days
11 AM - 11 PM

7. Will the number of employees remain the same? _____ Yes ☒ No
If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

17

8. Will there be any renovations or new equipment for the business? ☒ Yes _____ No
If yes, describe the type of renovations and/or list any new equipment proposed.

Brand new Restaurant

9. Are you proposing changes in the sales or service of alcoholic beverages? ☒ Yes _____ No
If yes, describe proposed changes:

Full Bar on and off premise - will be apply
with Virginia ABC

10. Is off-street parking provided for your employees? ☒ Yes ☐ No
If yes, how many spaces, and where are they located?

250 open indoor garage parking spaces for
employees

11. Is off-street parking provided for your customers? ☒ Yes ☐ No
If yes, how many spaces, and where are they located?

250 open indoor garage parking spaces for
customers

12. Is there a proposed increase in the number of seats or patrons served? ☒ Yes ☐ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

145 seats (indoor)
8 bar stools
25 seats (patio)

13. Are physical changes to the structure or interior space requested? ☐ Yes ☐ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business? ☐ Yes ☐ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

15. The applicant is the (check one) ☐ Property owner ☒ Lessee

☐ other, please describe: _____

16. The applicant is the (check one) ☐ Current business owner ☒ Prospective business owner

☐ other, please describe: _____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

Mungskorn Thong INC

2722 Chain Bridge Rd

Vienna, VA 22181

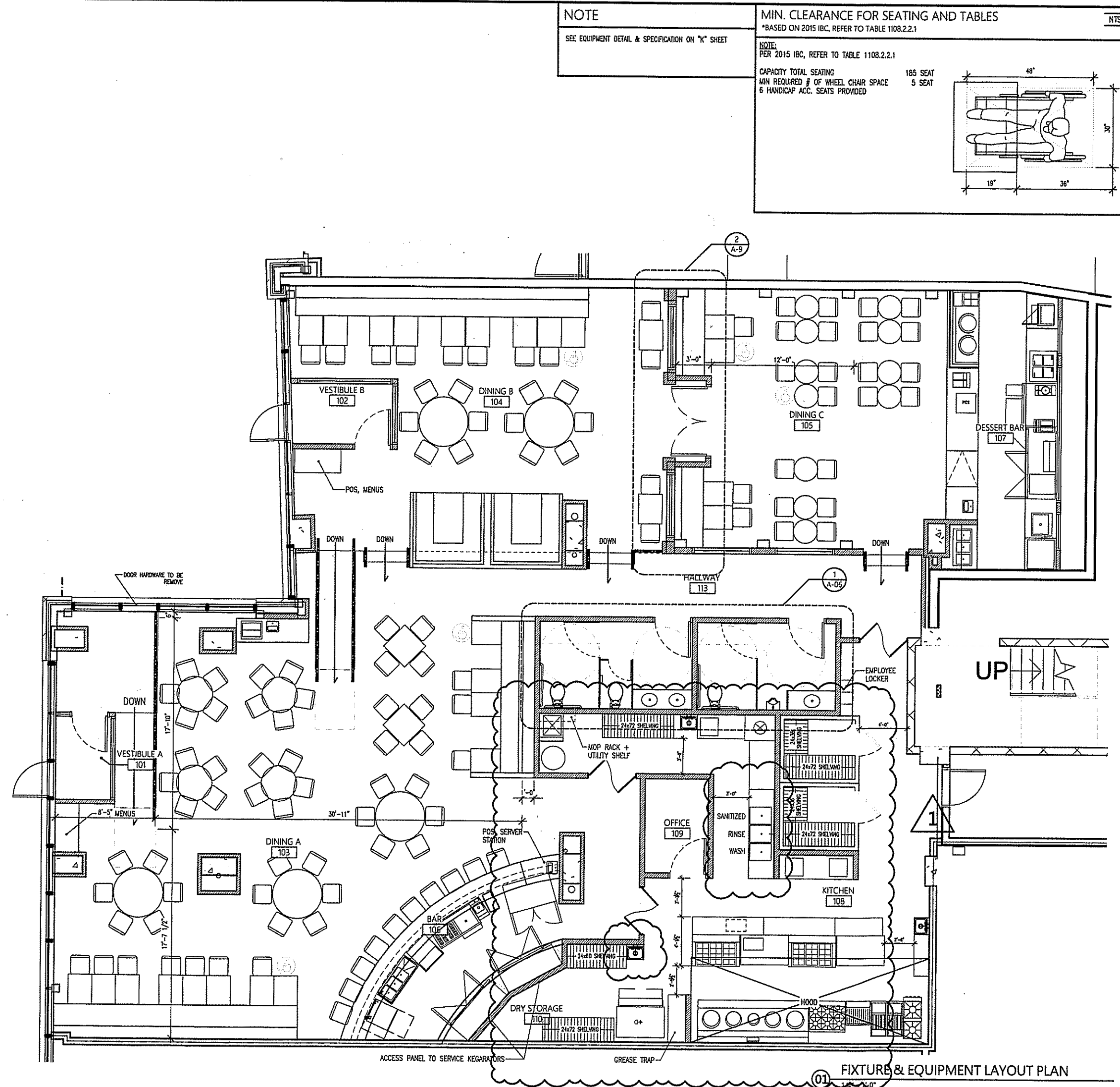
Permit Number: BLD2019-00297

Project Name: SISTERS THAI

Inspection Activities:

Description	Entered	Target	Completed	Status
REV PinRev-TI COM(Building)	03-20-2019	04-10-2019	04-09-2019	APPR
REV PinRev-TI COM(Plumbing)	03-20-2019	04-10-2019	04-05-2019	APPR
REV PinRev-TI COM(Mech)	03-20-2019	04-10-2019	04-05-2019	APPR
Routing - Health	02-06-2019	02-15-2019	04-02-2019	APPR
REV PinRev-TI COM(Elect)	03-20-2019	04-10-2019	03-28-2019	APPR
PRE PinRev-TI COM(Building)	02-06-2019	03-07-2019	03-06-2019	APPR
PRE PinRev-TI COM(Plumbing)	02-06-2019	03-07-2019	03-06-2019	REJT
PRE PinRev-TI COM(Mech)	02-06-2019	03-07-2019	03-06-2019	REJT
PRE PinRev-TI COM(Elect)	02-06-2019	03-07-2019	03-04-2019	REJT
Email			03-04-2019	DONE
Routing - P&Z/Zoning	02-06-2019	02-15-2019	02-07-2019	REJT
Routing - Archaeology	02-06-2019	02-15-2019	02-06-2019	QVRR
Asbestos Abatement Cert.	02-06-2019	02-06-2019	02-06-2019	CMPL
Online Application Routing			02-06-2019	CMPL
Routing - T&ES Permit	02-07-2019			

S:\Dropbox\STUDIOIDEYA, SHARED\1844, Sisters Thai Alexandria Old Town\CD\190312, Sisters Thai Alexandria, REV.dwg, A4 FTR, ARCH expand D (66.00 x 24.00 inches), Date and Time



NOTE

SEE EQUIPMENT DETAIL & SPECIFICATION ON "K" SHEET

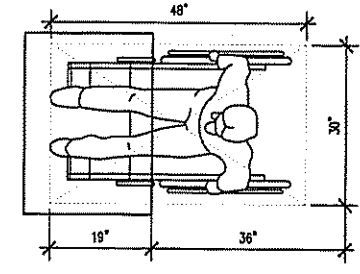
MIN. CLEARANCE FOR SEATING AND TABLES

*BASED ON 2015 IBC, REFER TO TABLE 1108.2.2.1

NOTE:
PER 2015 IBC, REFER TO TABLE 1108.2.2.1

CAPACITY TOTAL SEATING
MIN REQUIRED # OF WHEEL CHAIR SPACE
6 HANDICAP ACC. SEATS PROVIDED

185 SEAT
5 SEAT



NTS.

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SISTERS THAI
503 Montgomery Street
Alexandria, VA 22314

REVISION 1st	03/19/2019
PERMIT SET	02/05/2019
LL REVIEW II	01/13/2019
LL REVIEW	12/10/2018
NO ISSUE/REVISION	DATE

SHEET TITLE
FIXTURE &
EQUIPMENT LAYOUT
PLAN

PROFESSIONAL SEAL & SIGN

SHEET No.

A-4

01 FIXTURE & EQUIPMENT LAYOUT PLAN